

AMENDED COMPLAINT

FORM TO BE USED BY PRISONERS IN FILING A COMPLAINT
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983

FILED

U.S. DISTRICT COURT
EASTERN DISTRICT ARKANSAS

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF ARKANSAS

FEB 25 2021

DIVISION

JAMES W. MCCORMACK, CLERK

By: AB DEPUTY CLERK

CASE NO. 4:21-cv-00062-LPR-JJV

Jury Trial: ☐ Yes ☐ No
(Check One)

I. Parties

In item A below, place your full name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.

- A. Name of plaintiff: William Toesph Newman
ADC # 651574
Address: #3 Emergency Lane Russellville, AR 72802
Name of plaintiff: _____
ADC # _____
Address: _____
Name of plaintiff: _____
ADC # _____
Address: _____

In item B below, place the full name of the defendant in the first blank, his official position in the second blank, his place of employment in the third blank, and his address in the fourth blank.

- B. Name of defendant: Turn Key Health services
Position: Health care provider / pope county jail
Place of employment: Nurse named "Kasey" or casey
Address: #B Emergency Lane Rsvl, AR 72802
Name of defendant: Rowdy Sweet
Position: Jail administrator

Place of employment: Pope county detention center

Address: # 3 Emergency Lane Rsvl, AR 72802

Name of defendant: (casey or kasey) Jane Doe

Position: Turn medical nurse

Place of employment: # 3 Emergency Lane Rsvl AR 72802

Address: _____

Name of defendant: ~~Casey or Kasey~~ _____

Position: Jail administrator

Place of employment: Pope county detention center

Address: # 3 Emergency Ln Russellville, AR 72802

II. Are you suing the defendants in:

- ☐ official capacity only
☐ personal capacity only
☒ both official and personal capacity

III. Previous lawsuits

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ____ No X

- B. If your answer to A is yes, describe the lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

- ☐ Parties to the previous lawsuit:

Plaintiffs: _____

Defendants: _____

☐ Court (if federal court, name the district; if state court, name the county): _____

☐ Docket Number: _____

☐ Name of judge to whom case was assigned: _____

☐ Disposition: (for example: Was the case dismissed? Was it appealed? Is it still pending?) _____

☐ Approximate date of filing lawsuit: _____

☐ Approximate date of disposition: _____

IV. Place of present confinement: Pope County Jail

V. At the time of the alleged incident(s), were you:
(check appropriate blank)

_____ in jail and still awaiting trial on pending criminal charges

_____ serving a sentence as a result of a judgment of conviction

X in jail for other reasons (e.g., alleged probation violation, etc.)

explain: ADC 90 parole violation

VI. The Prison Litigation Reform Act (PLRA), 42 U.S.C. § 1997e, requires complete exhaustion of administrative remedies of all claims asserted, prior to the filing of a lawsuit. There is a prisoner grievance procedure in the Arkansas Department of Correction, and in several county jails. Failure to complete the exhaustion process provided as to each of the claims asserted in this complaint may result in the dismissal without prejudice of all the claims raised in this complaint.

A. Did you file a grievance or grievances presenting the facts set forth in this complaint?

Yes X No _____

B. Did you completely exhaust the grievance(s) by appealing to all levels within the grievance procedure?

Yes X No

If not, why? I am not able to get paper copies of my filed grievances because they are on jail Kiosk

VII. Statement of claim

State here (as briefly as possible) the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

Turn Key Health has denied me covid 19 test despite having covid symptoms. I have filled out numerous sick calls and grievances. The nurse named Casey forged temperature readings to avoid affording me a covid test even after being housed with multiple ^{inmate} ~~inmate~~ who are positive for covid. on approx 1/04/21. In the official capacity turn key has denied me treatment of a super deadly disease along. Deliberate indifference by not affording test after exposure to fatal disease while displaying symptoms. I'm still experiencing headaches fatigue with no clear explanation of treatment as of today (cont)

Pg 7(A)(cont) I have been denied to be evaluated for this disease. Turn key committed a crime by forging medical documents. The relief I seek is \$1000 per day for unknown damages to my health by medical neglect. I seek an immediate covid test. being I'm housed with covid positive inmates and not able to have a mask or distance I seek proper medical evaluation, due to nature of this complaint. I also, am experiencing mental anguish because I feel this place is trying to kill me.

(B) Rowdy Sweet.

I am suing as my caretaker/custodian for failure to protect me from this deadly disease by not looking into multiple grievances regarding my medical needs as well as not protecting my well being by giving me a mask while in constant exposure to covid-19 positive inmates. From 12-7-20 till current. (2-24-21) He has failed to investigate the nurse forging medical documents and does not take inmate welfare seriously. He refuses to remedy the problem. This is displayed on the Pope County inmate list. I've requested Paper

documentation but what was
denied. I feel threatened physically
by the neglect of the jail administration
so I am living in constant fear.
this is why I seek relief.

VIII. Relief

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

- 1.) covid-test immediatly medical attention
- 2.) \$1000 per day for medical neglect/personal injury
- 3.) Removal from this detention facility,
- 4.) mental health assistance

I declare under penalty of perjury (18 U.S.C. § 1621) that the foregoing is true and correct.

Executed on this 24th day of February, 2021.

William J Neuman

Signature(s) of plaintiff(s)